SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) **CLAIMS** AFTER AFTER 2nd AMENDMENT AS FILED 1st AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP.

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

TOTAL IND.

TOTAL DEP. TOTAL CLAIMS FORM PT0-2022 (1-98)

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